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LETTER TO THE EDITOR

Interventions for improvement in unsafe injection practices in Pakistan

The report by Luby and colleagues in the January 2005 issue of *IJID*¹ is welcome because it demonstrates how simple and cost-effective interventions can improve unsafe injection practices in Pakistan—a country where the use of unsafe and unnecessary injections are a major public health problem.² The authors found that the proportion of patients receiving their most recent injection with a new syringe and needle increased to 59% in 1998 from only 24% in 1994 ($p = 0.003$) as a result of a simple community education program. These findings come at a time when Pakistan's government is developing a national policy for injection safety and safe disposal of disposable devices.

Pakistan (a country with a population of 150 million people, and with some of the worst health indicators in South Asia) is currently facing a nationwide epidemic of hepatitis B and C, mainly because of unsafe injection practices.³ Use of new syringes for injections would help, but further sources of concern are the inappropriate disposal of syringes and their needles⁴ as well as the widespread use of multidose vials of antimalarials, multivitamins, antipyretics and many other drugs. Reinsertion of a contaminated needle into a vial is common across the country, a practice which has been documented worldwide to be responsible for transmission of HBV, HCV and other bloodborne infections.^{5–7}

Much of the healthcare in Pakistan is provided by private sector dispensers and other primary health care workers—individuals who by law are not allowed to do so. Most of them do not have any formal medical training and are likely to have little or no knowledge of disease transmission. They generate a substantial proportion of their income through the use of multidose vials of medication.

For example, a 30 ml vial of chloroquine which costs only 16 cents could be used for as many as 15 injections and for 15 different people to generate US\$ 3–4.³ Therefore, we urge the Government of Pakistan, UNAIDS, WHO, World Bank and UNICEF to find ways to help reduce such risks. Beside these measures, it is also important to ensure that injection safety health messages run by the state-run TV and radio—two major sources of information for many, are clear, ethnically sensitive and understandable to the diverse populations of the country. More than half of Pakistan's adult population is illiterate, and most of the people in the country don't speak the language in which health messages are given. Thus efforts are needed to reach them.

Conflict of interest: No conflict of interest to declare.

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